

## APPENDIX A

### Additional Resources

These resources are offered to inform your progress through the steps of the Strategic Prevention Framework. The inclusion of resources in this guide does not constitute a direct or indirect endorsement by DEA of any entity's products, services, or policies, and any reference to an entity's products, services, or policies should not be construed as such.

## Understanding the Problem

### **Campus Drug Prevention (Drug Enforcement Administration)**

<https://www.campusdrugprevention.gov>

The website was created for professionals working to prevent drug abuse among college students, including educators, student health centers, and student affairs personnel. In addition, it serves as a useful tool for college students, parents, and others involved in campus communities. The website offers valuable information, including data, news updates, drug scheduling and penalties, publications, research, national and statewide conferences and events, state and local prevention contacts, and resources available from DEA's federal partners.

### **Report to Congress on the Prevention and Reduction of Underage Drinking (2018)**

<https://www.stopalcoholabuse.gov/resources/reporttocongress/RTC2018.aspx>

Compiled by the Interagency Coordinating Committee on the Prevention of Underage Drinking, this report provides policy summaries and state summaries identifying current legislative and other ongoing efforts.

### **Facts on College Student Drinking**

[https://www.stopalcoholabuse.gov/media/THMs/tipsresources/5486\\_UADPEI\\_College\\_Drinking\\_Fact\\_Sheet\\_FINAL\\_4-2016.pdf](https://www.stopalcoholabuse.gov/media/THMs/tipsresources/5486_UADPEI_College_Drinking_Fact_Sheet_FINAL_4-2016.pdf)

This two-page fact sheet created by the Interagency Coordinating Committee on the Prevention of Underage Drinking provides an overview of the issue and breaks down binge and heavy drinking by gender, alcohol use consequences, and alcohol use prevention.

## Step 1: Needs Assessment

### **National College Health Assessment (American College Health Association)**

<https://www.acha.org/NCHA>

The National College Health Assessment offers national searchable survey results from 2015 until the present, reports and statistics, and access to published research.

### **Monitoring the Future (National Institute of Drug Abuse)**

<https://www.drugabuse.gov/related-topics/college-age-young-adults>

Monitoring the Future provides the most recent data on substance use among this age group, including patterns of marijuana use, nonmedical use of prescription drugs, cocaine, and newer trends, such as synthetic drugs, e-cigarettes, and hookah use. It also provides other links of interest to educators, residence hall staff, counselors, clinicians, researchers who work with this age group, as well as students and parents.

### **College Drinking: Changing the Culture**

<https://www.collegedrinkingprevention.gov>

A comprehensive resource from the National Institute on Alcohol Abuse and Alcoholism, this site is a central location for information related to alcohol use by college students, including the following:

- » College Alcohol Policies is a compilation of alcohol and other drug policies from thousands of colleges and universities across the United States.
- » College Alcohol Statistics provides updated national data on prevalence and consequences of alcohol use among college students.

## **Step 2: Building Capacity**

### **Community Readiness Model**

<https://tec.colostate.edu/community-readiness-2/>

The Community Readiness Model was developed at the Tri-Ethnic Center for Prevention Research at the University of Colorado to provide communities with an easy-to-use method to assess resources and readiness to address a public health issue.

### **Prevention Collaboration in Action Toolkit**

<https://pscollaboration.edc.org>

Created by Prevention Solutions at the Educational Development Center, this toolkit offers tools and stories from the field on building partnerships and developing collaborations to reduce substance misuse.

## **Step 3: Planning**

### **College AIM**

<https://www.collegedrinkingprevention.gov/CollegeAIM/Default.aspx>

Developed by the National Institute on Alcohol Abuse and Alcoholism, College AIM is a toolkit designed to help schools identify effective alcohol interventions to address harmful and underage student drinking.

### **Safer Campuses and Communities**

<https://prev.org/SAFER/index.html>

Based on an NIAAA-funded study conducted at the University of California and California State University systems, SCC examined a variety of environmental-level strategies that could be implemented on campuses and in their surrounding communities. The site provides a free toolkit for fostering campus and community collaboration and implementing evidence-based environmental interventions.

### **Evidence-Based Practices Resource Center**

<https://www.samhsa.gov/ebp-resource-center>

The Substance Abuse and Mental Health Services Administration provides analyses, costs, and contact information for several individual- and environmental-level strategies to reduce alcohol use by college students.

### **Logic Model Development Guide**

<https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>

Developed by W.K. Kellogg Foundation, this guide provides practical assistance to nonprofits engaged in program development, implementation, and evaluation processes.

## **Step 4: Implementation**

### **National Center on Safe Supportive Learning Environments**

<https://safesupportivelearning.ed.gov/events-products-and-ta/center-products-tools/higher-education-products>

This website provides evidence-based approaches to address alcohol and other drugs and issues of violence on campus. The site offers a variety of products: webinars and in-person learning opportunities, data resources, lessons learned profiles, and case studies from prevention professionals at colleges and universities.

### **College Drinking: Prevention Perspectives – Lessons Learned at Frostburg State University**

<https://store.samhsa.gov/products/College-Drinking/All-New-Products/PEP18-FROSTBURG>

Per the website description, “This video shows the actions taken by Frostburg State University to reduce campus underage and harmful drinking.”

## **Step 5: Evaluation**

### **An Overview of Quantitative and Qualitative Data Collection Methods**

[https://www.nsf.gov/pubs/2002/nsf02057/nsf02057\\_4.pdf](https://www.nsf.gov/pubs/2002/nsf02057/nsf02057_4.pdf)

Created by the National Science Foundation, this guide provides information on quantitative and qualitative data collection methods, as well as theoretical and practical issues for consideration.

### **A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions**

<https://www.rwjf.org/en/library/research/2009/12/a-practical-guide-for-engaging-stakeholders-in-developing-evalua.html>

This guide by the Robert Wood Johnson Foundation provides the reader with “a five-step process for involving stakeholders in developing evaluation questions and includes a set of four worksheets to facilitate this process.” This guide aims to assist evaluators and their clients in the process of engaging stakeholders—that is, those with a stake or interest in the program, policy, or initiative being evaluated.

### **Developing an Effective Evaluation Report**

[https://www.cdc.gov/eval/materials/Developing-An-Effective-Evaluation-Report\\_TAG508.pdf](https://www.cdc.gov/eval/materials/Developing-An-Effective-Evaluation-Report_TAG508.pdf)

This comprehensive workbook applies the CDC Framework for Program Evaluation in Public Health to report evaluation results to a variety of audiences.

## APPENDIX B

### Tools, Worksheets, and Tips

## Chapter 3: How to Assess Drug Misuse on Your Campus

**Tip Sheet:** Data Collection Methods—Pros and Cons

**Tip Sheet:** Potential Challenges to Obtaining Useful Data

**Tip Sheet:** Strategies for Conducting Effective Focus Groups

**Tip Sheet:** Tips for Conducting Key Informant Interviews

**Tip Sheet:** Protective Factors—Adolescence Through Young Adulthood

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## Data Collection Methods: Pros and Cons

### Data Collection Methods: Pros and Cons

Method	Description	Pros	Cons
Archival	Data that have already been collected by an agency or organization and are in their records or archives	<ul style="list-style-type: none"> <li>• Low cost</li> <li>• Relatively rapid</li> <li>• Unobtrusive</li> <li>• Can be highly accurate</li> <li>• Often good to moderate validity</li> <li>• Usually allows for historical comparisons or trend analysis</li> <li>• Often allows for comparisons with larger populations</li> </ul>	<ul style="list-style-type: none"> <li>• May be difficult to access local data</li> <li>• Often out of date</li> <li>• When rules for recordkeeping are changed, makes trend analysis difficult or invalid</li> <li>• Need to learn how records were compiled to assess validity</li> <li>• May not be data on knowledge, attitudes, and opinions</li> <li>• May not provide a complete picture of the situation</li> </ul>
Key Informant Interviews	Structured or unstructured one-on-one directed conversations with key individuals or leaders in a community	<ul style="list-style-type: none"> <li>• Low cost (assuming relatively few)</li> <li>• Respondents define what is important</li> <li>• Rapid data collection</li> <li>• Possible to explore issues in depth</li> <li>• Opportunity to clarify responses through probes</li> <li>• Sources of leads to other data sources and other key informants</li> </ul>	<ul style="list-style-type: none"> <li>• Can be time consuming to set up interviews with busy informants</li> <li>• Requires skilled and/or trained interviewers</li> <li>• Accuracy (generalizability) limited and difficult to specify</li> <li>• Produces limited quantitative data</li> <li>• May be difficult to analyze and summarize findings</li> </ul>

<b>Method</b>	<b>Description</b>	<b>Pros</b>	<b>Cons</b>
Focus Groups	Structured interviews with small groups of like individuals using standardized questions, follow-up questions, and exploration of other topics that arise to better understand participants	<ul style="list-style-type: none"> <li>• Low cost</li> <li>• Rapid data collection</li> <li>• Participants define what is important</li> <li>• Some opportunity to explore issues in depth</li> <li>• Opportunity to clarify responses through probes</li> </ul>	<ul style="list-style-type: none"> <li>• Can be time consuming to assemble groups</li> <li>• Produces limited quantitative data</li> <li>• Requires trained facilitators</li> <li>• Less control over process than key informant interviews</li> <li>• Difficult to collect sensitive information</li> <li>• Accuracy (generalizability) limited and difficult to specify</li> <li>• May be difficult to analyze and summarize findings</li> </ul>
Surveys	Standardized paper-and-pencil or phone questionnaires that ask predetermined questions	<ul style="list-style-type: none"> <li>• Can be highly accurate</li> <li>• Can be highly reliable and valid</li> <li>• Allows for comparisons with other/larger populations when items come from existing instruments</li> <li>• Easily generates quantitative data</li> </ul>	<ul style="list-style-type: none"> <li>• Relatively high cost</li> <li>• Relatively slow design, implement, and analyze</li> <li>• Accuracy depends on who and how many people sampled</li> <li>• Accuracy limited to willing and reachable respondents</li> <li>• May have low response rates</li> <li>• Little opportunity to explore issues in depth</li> </ul>

## Potential Challenges to Obtaining Useful Data

Some data sets may have collection or quality issues that will affect your ability to obtain useful data. In some cases, you can overcome these barriers by working with the data providers or your evaluator to reconfigure the data in ways that meet your needs. In other cases, you simply may not be able to use the data or will need to keep their limitations in mind when drawing conclusions based on the data. Caveats about data limitations, and its possible consequences for your analysis, should be included in data reports.

Common barriers to obtaining useful data include the following:

- **Data may be aggregated.** Hospitals, for example, often combine adult and youth data or data across several communities. This can be frustrating if you are seeking information about youth in your town. The agency may be able to sort the data for you.
- **Jurisdictions may overlap.** For example, the jurisdiction boundary of your local police department may not correspond to that of the school district. A trauma center may draw patients from across your state.
- **Time periods may be inconsistent or too short.** Data from one agency may be organized by calendar year, another by fiscal year, and another by school year. The data may not be current enough or collected for a long enough time to track trends accurately.
- **Data may be missing or incomplete.** Information included in agency records and local data sets is often missing or incomplete. If the amount of missing data is large, the data may not provide an accurate picture of your community. This is especially true if some information is consistently missing, such as records from a particular school district or police precinct. Or, a failure to consistently record data (such as age or blood alcohol content) may make it impossible for you to analyze the data in ways that are useful for your efforts.
- **Data categories may not meet your needs.** For example, sub-categories such as race or ethnicity are not always determined or implemented consistently across organizations.

Published: 08/06/15 Last Updated: 09/04/2018

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# Strategies for Conducting Effective Focus Groups

The following guidelines related choosing participants for focus groups can help to generate information that is more reliable.

## **Include People Who Can Provide the Information You Need**

Data collection involves asking the appropriate people for the appropriate information. Suppose you want to learn about parents' attitudes and practices concerning teen alcohol use, and drinking and driving? You obviously want to ask parents. But you also might want to consider the following:

- Should parents have children of a certain age in order to participate? (for example, no younger than 15?)
- Do you want to include both mothers and fathers?
- Does the ethnicity of the parents make a difference?
- Should you include parents who drink and nondrinking parents?

Try to define your participants as precisely as possible. It usually makes sense to consider gender, age, occupation, geographic location, ethnicity, and language.

## **Include Participants Who Are Similar to One Another**

The less diverse your focus group, the better. If you want to gather information on Hispanic teenagers, teens who have recently emigrated from Somalia, and teens in the “heavy metal” subculture, organize individual focus groups for each category.

There are two reasons for this:

- An individual cannot represent a population. A focus group of 10 teenagers might not be able to provide a representative sample of all teens in your community. But it will probably generate more representative information than will one teenager included in a group spanning several generations.
- Research shows that people are more likely to reveal their opinions and beliefs and to talk about sensitive issues when they are with people who they perceive to be like themselves.

## **Include Participants Who Do Not Know One Another**

Participants are more likely to be honest and forthcoming when they do not know the other people in the group. The following may occur when participants know one another:

- They are less likely to reveal personal or sensitive information.
- They are more likely to express views that conform to those of others in the group (especially others whom they perceive as having some power or influence outside the group).
- They may respond to questions based on their past experiences with one another (which effectively reduces your sample size).

Published: 08/06/15

Last Updated: 09/04/2018

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## Tips for Conducting Key Informant Interviews

Although key informant interviews are more informal than other forms of data collection, they still require a structure to be effective. Your respondent is more likely to take you seriously (and provide better information) if you are prepared and the conversation has direction.

Tips for conducting key informant interviews include the following:

- **Begin by introducing your project and purpose.** Remind the respondent about your purpose and the ultimate use of the information. Also, explain who will have access to your interview notes and whether the respondents will be identified in any reports or public discussions of your investigation.
- **Start with an easy question.** For example, ask how long your respondents have been in their jobs. This will set them at ease and provide a context for analysis (as someone who has been on the job for six months will not have the same perspective as someone who has been on the job for 10 years).
- **Ask your most important questions first.** You might run out of time. This is especially important when interviewing people whose job might require them to end the interview early (such as emergency medical service or law enforcement personnel).
- **Ask the same (or parallel) questions of several respondents.** For example, you might want to ask all respondents connected with a particular prevention program (or system) to list the three things they would like to see improved. Answers from a number of different people in a system can reveal programming obstacles or places in which the system needs to be improved.
- **Don't move to a new topic prematurely.** Don't leave important issues hanging—you might run out of time before you can return to them. Also, you will get more useful information by discussing one subject at a time.
- **Be prepared to ask the same question in another way.** Prepare several questions that try to elicit the same information. Turn to the alternate questions when your first question just doesn't do the job.
- **Don't get stuck on a question.** Sometimes you just won't get the information you want from a particular respondent. Know when to move on so you don't frustrate yourself or antagonize your respondent by trying to elicit information that he or she does not have, cannot articulate, or isn't willing to share.
- **Don't let the interview go much over an hour.** The people you chose as key informants are likely to be busy. The quality of the conversation can deteriorate if they feel rushed. Many of your respondents may be people with whom you might want to collaborate with in the future, so don't antagonize them by letting an interview go on too long.
- **Record the interview if possible.** And take notes. As with focus groups, transcribe the recording and type up your notes as soon as possible after the interview is completed. Don't forget to get the respondent's permission to make an audio recording.

Published: 08/06/15 Last Updated: 09/04/2018

## Protective Factors: Adolescence through Young Adulthood

Prevention is not just about eliminating a negative behavior; it is also about striving to optimize well-being and supporting factors that protect against misuse. These protective factors can reduce the negative impact of risk factors. The following tables, compiled by the National Research Council and Institute of Medicine and the United States Surgeon General, show select protective factors that are associated with healthy development at the individual, family, and school/community levels during specific stages of development from adolescence through young adulthood.

### PROTECTIVE FACTORS: ADOLESCENCE

Individual	Family	Community (School)
<ul style="list-style-type: none"> <li>• Positive physical development (good health habits, good health risk management skills)</li> <li>• Positive intellectual development (life, school, vocational skills; critical and rational thinking; cultural knowledge and competence)</li> <li>• Positive psychological and emotional development (self-esteem and self-regulation; coping, responsibility, problem-solving; motivation and achievement; morality and values)</li> <li>• Positive social development (connectedness to peers, family, community; attachment to institutions)</li> </ul>	<ul style="list-style-type: none"> <li>• Physical and psychological safety</li> <li>• Appropriate structure (limits, rules, monitoring, predictability)</li> <li>• Supportive relationships with family members</li> <li>• Opportunities to belong (sociocultural identity formation, inclusion)</li> <li>• Positive social norms (expectations, values)</li> <li>• Support for efficacy and mattering, or the feeling that one is making a difference</li> <li>• Opportunities for skill building</li> <li>• Integration of family, school, and community efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Physical and psychological safety</li> <li>• Appropriate structure (limits, rules, monitoring, predictability)</li> <li>• Supportive relationships</li> <li>• Opportunities to belong (sociocultural identity formation, inclusion)</li> <li>• Positive social norms (expectations, values)</li> <li>• Support for efficacy and mattering</li> <li>• Opportunities for skill building</li> <li>• Integration of family, school, and community efforts</li> </ul>

## PROTECTIVE FACTORS: YOUNG ADULTHOOD

Individual	Family	Community (School/Work)
<ul style="list-style-type: none"> <li>• Identity exploration in love, work, and worldview</li> <li>• Subjective sense of adult status in self-sufficiency, making independent decisions, and becoming financially independent</li> <li>• Future orientation</li> <li>• Achievement motivation</li> <li>• Belief in a higher being, or involvement in spiritual practices or religious activities</li> <li>• An individual's belief that they can modify, control, or abstain from substance use</li> </ul>	<ul style="list-style-type: none"> <li>• Balance of autonomy and relatedness to family</li> <li>• Behavioral and emotional autonomy</li> <li>• Married or living with a partner in a committed relationship who does not misuse alcohol or drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for exploration in work and school</li> <li>• Connectedness to adults outside of family</li> </ul>

### References

National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities* (O'Connell, M. E., Boat, T., & Warner, K. E., Eds.) (pp 78–80, Appendix E). Washington, DC: National Academies Press.

U.S. Department of Health and Human Services, Office of the Surgeon General (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC. Retrieved from <https://addiction.surgeongeneral.gov>

## **Chapter 4: How to Build Capacity to Prevent Drug Misuse on Your Campus**

**Worksheet:** Identifying New Partners

**Worksheet:** Analyzing Existing Partnerships

**Tip Sheet:** Levels of Collaboration

**Tip Sheet:** You Gotta Hear This! Developing an Effective Elevator Pitch

**Tip Sheet:** Beginning Your Collaboration: Tips for a Safe and Satisfying Journey

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# Identifying Needs and Opportunities for Collaboration

## Worksheet: Identifying New Partners

Local stakeholders are key to the success of prevention efforts: they bring specialized knowledge, access to data, insight about priority populations, and a variety of other resources. Yet figuring out which organizations, agencies, or individuals to cultivate as partners can be challenging. There are many remarkable individuals and groups in your community, but not all of them will be a good fit for your prevention efforts at this time.

This worksheet will help you record the gaps in your current prevention resources, develop a list of community stakeholders who might fill these gaps, and identify other potential stakeholders with whom you may want to partner in the future as new priorities and/or needs emerge. Once you complete this worksheet, you can use your list to prioritize which partners to engage.

**Step 1:** Answer these questions:

1. Which prevention resources<sup>1</sup> do you currently need to *strengthen* or *sustain* your prevention efforts? (If you completed the worksheet [Analyzing Existing Partnerships](#), you may want to review the resources you already have in place. To identify current resource gaps, review the tool [What Do We Mean by Resources?](#))
2. Which new stakeholders from your community might help you fill identified resource gaps? (For a list of potential partners, review the tool [21st Century Partners in Prevention](#).)

**Step 2:** Use your responses to the questions above to complete the chart below.

- First, **list** your potential partners.
- Next, **record** the prevention resource gaps each partner might fill.
- **Describe** additional prevention resources each partner might provide.
- **Outline** the benefits each partner may experience by joining the collaboration.
- In the remaining rows, **list** any additional partners you may want to engage, accompanied by the prevention resources they offer. (See the list of stakeholder groups in Part II of the worksheet [Analyzing Existing Partnerships](#) to see if there are any key groups you are missing.)

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<sup>1</sup> For this tool, prevention resources are defined as fiscal, human, organizational, or other assets that help you address identified prevention needs in your community.